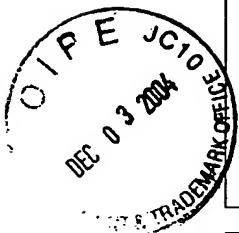


12-06-04

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|---|----------------------|--------------------|
| TRANSMITTAL FORM (To be used for all correspondence after initial filing) | Application Number | 10/660,244 |
| | Filing Date | September 11, 2003 |
| | First Named Inventor | Noel Woodard |
| | Art Unit | 2632 |
| | Examiner Name | |
| | Attorney Docket No. | 740104.401 |

| ENCLOSURES (check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): _____ _____ _____ _____ |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|---------------------------------|--------|
| Firm Name | Seed Intellectual Property Law Group PLLC | Customer Number 00500 | |
| Signature | | | |
| Printed Name | Richard C. Vershove | | |
| Date | December 3, 2004 | Reg. No. | 55,907 |

| CERTIFICATE OF TRANSMISSION/MAILING | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | |
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| Typed or printed name | Date: |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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**ELECTION AND POWER OF
ATTORNEY and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|--|
| Application Number | 10/660,244 |
| Filing Date | September 11, 2003 |
| First Named Inventor | Noel Woodard |
| Title | COMBINATION SMOKE ALARM AND WIRELESS LOCATION DEVICE |
| Art Unit | 2632 |
| Examiner Name | |
| Attorney Docket Number | 740104.401 |

I hereby appoint:

☒ Practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above (and any continuation/divisional applications therefrom), and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

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☐ The address associated with Customer Number:

OR

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| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | | | | |
| Telephone | | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|------------------------------------|---|------|-------------------|
| Signature | <i>Noel Woodard, Inventor</i> | Date | <i>11/22/2004</i> |
| Name | Noel Woodard | | |
| Title and Company (Assignee) | <i>President, Pele-tech Corporation</i> | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Application Number | 10/660,244 |
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| Examiner Name | |
| Attorney Docket Number | 740104.401 |

I hereby appoint:

☒ Practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above (and any continuation/divisional applications therefrom), and to transact all business in the United States Patent and Trademark Office connected therewith.

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| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | | | | |
| Telephone | | Fax | | | |

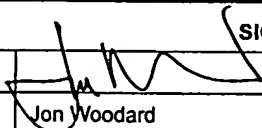
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SIGNATURE of Applicant or Assignee of Record

| | | | |
|------------------------------------|---|------|----------|
| Signature |  | Date | 11/23/04 |
| Name | Jon Woodard | | |
| Title and Company (Assignee) | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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